



THE CITY OF SAN DIEGO

City of San Diego
Inspection Services Division
Planning and Development Review
9601 Ridgehaven Court • Suite 220 • MS 1102-B
San Diego, CA 92123
Information: (858) 492-5070

Property Owner/Contractor Agreement

SPECIAL INSPECTION / CONSTRUCTION MATERIALS TESTING

NOTE: BOTH SECTIONS **A** AND **B** SHALL BE COMPLETED, SIGNED AND EXECUTED.



Building Official
City of San Diego
Inspection Services Division
Planning and Development Review
9601 Ridgehaven Court, Suite 220, MS 1102-B
San Diego, CA 92123

SUBJECT: WORK REQUIRING SPECIAL INSPECTION, STRUCTURAL OBSERVATION AND CONSTRUCTION MATERIALS TESTING

PERMIT NO.: _____ PLAN FILE NO.: _____

(For projects with multiple permit numbers but with the same plan file number, you may list all permit numbers on a separate sheet.)

PROJECT ADDRESS: _____ San Diego, California

AGREEMENT

I, the undersigned, declare under penalty of perjury under the laws of the State of California, that I have read, understand, acknowledge and promise to comply with the City of San Diego requirements for special inspection, structural observation, construction materials testing and off-site fabrication of building components as prescribed in the instructions attached herewith and incorporated by reference herein. I hereby agree to have all work requiring special inspection, structural observation, material sampling and testing, or off-site fabrication of building components for structure(s) constructed under the subject permit(s) performed in the manner prescribed by the California Building Code as adopted by the City of San Diego, and in conformance with the plans and specifications, the inspection and observation program and other construction documents as approved by the City of San Diego.

A. NAME: (TYPE OR PRINT) _____
(FIRST) (M.I.) (LAST)

I AM THE: (PLEASE CHECK ONE)

☐ PROPERTY OWNER

☐ PROPERTY OWNER'S AGENT OF RECORD

☐ ARCHITECT OF RECORD

☐ ENGINEER OF RECORD

State of California Registration Number: _____ Expiration Date: _____

MAILING ADDRESS: _____

Executed on this _____ day of _____ / _____ .
DAY MONTH YEAR

Signature: _____

B. CONTRACTOR/BUILDER – NAME: (TYPE OR PRINT) _____
(FIRST) (M.I.) (LAST)

MAILING ADDRESS: _____

Executed on this _____ day of _____ / _____ .
DAY MONTH YEAR

Signature: _____

This information is available in alternative formats for persons with disabilities.
To request this information in alternative format, call (619) 236-7703 or (800) 735-2929 (TT)

DS-316 (6-99)